

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JANUARY 23, 2003

0084964-2

ILLINOIS CORP SERVICE COMPANY 700 SOUTH SECOND STREET SPRINGFIELD, IL 62704-0000

RE VOICECOM TELECOMMUNICATIONS, LLC

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS.

Desce White

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION TELEPHONE (217)524-8008

JW:LLC

UCC DOCKET NO 22 0550

Exhibit No. 3

Witness

Date 2/27/63

Pon'	"LLC-45.5	Illinois	This space for use by Secretary of State
	January 1999	Limited Liability Company Act	
Jesse White Secretary of State Department of Business Services Limited Liability Company Division Room 359, Howlett Building Springfield, IL 62756 http://www.sos.state.il.us Payment must be made by certified check, cashler's check, illinois attorney's C.P.A.'s check or money order, payable to "Secretary of State."		Application for Admission to Transact Business	
		FILING FAIR	JAN 2 3 2003 LIMITED LIABILITY OD. DIV. JESSE WHITE SECRETARY OF STATE
1.L	imited Liability Company r	name: VOICECOM TELECOMMUNICATIONS, LLC (Must comply with Section 1-10 of I	LLCA or article 2 below applies.)
2.	The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is: <u>Voicecom Telecomounications of Duinois</u> LLC (If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this application.)		
3. Federal Employer Identification Number (F.E.I.N.): 01-0608539			008539
4 . 5 .	Jurisdiction of Organization: DELAWARE Date of Organization: FEBRUARY 36, 2002		
6.	Period of Duration: PER	PETUAL	
7.	(See #14 on back) The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):		
	6260 (Number)	LOOKOUT ROAD (Street)	(Suite)
	, ,	•	(
	BOULDER, COLORADO (city/state)	80301 (ZIF Code)	(County)
		,	(
8.		ois Corporation Service Company Name) (Middle Name)	(Last Name)
	Registered Office: 700 s		(Sulte #)
	(P.O. Box or c/o sprin	grield, sangamon Illinoi	
	are unacceptable) (City)		(ZIP Code)
9.	The date on which this fo	oreign LLC first did business in Illinois: 1	pon riling

LLC-45.5

10. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

TOOMN, OPERATE AND MANAGE TELECOMMUNICATIONS BUSINESS.

11. The limited liability company is managed by:

manager(s)

□ vested in member(s)

- 12. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.
- 13. This application is accompanied by a certificate of good standing or existence, as well as a copy of the articles of organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.
- 14. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.
- 15. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated 10 II , 7002 (Month/Day) (Year)

(Signature)
(Signature must comply with Section 5-45 of ILLCA

(Signature must comply with Section 5-45 of ILLCA)

(Type or print name and little)

YO ICECON FLE COMMUNICATIONS

"(If applicant is a company or other entity, state name of company or other entity.

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*Please refer to Sections 178.20(d) and (e) of the Administrative Rules LLC-17.4